

STANDARD CERTIFICATE OF DEATH

FILED JUN 9 1950

18778
State File No. 4725
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>2099</i> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i> | | c. LENGTH OF STAY (in this place) <i>47</i> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis City Hosp.</i> | | e. STREET ADDRESS (If rural, give location) <i>2018 E. Grand Bl</i> | |
| 3. NAME OF DECEASED (Type or Print) <i>CAROLINE</i> | | c. (Last) <i>WILD</i> | |
| 5. SEX <i>F</i> | 6. COLOR OR RACE <i>W</i> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i> | 4. DATE OF DEATH (Month) (Day) (Year) <i>5-28-50</i> |
| 8. DATE OF BIRTH <i>1878</i> | 9. AGE (In years last birthday) <i>59x71</i> | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i> | 10b. KIND OF BUSINESS OR INDUSTRY <i>Self</i> |
| 11. BIRTHPLACE (State or foreign country) <i>New York</i> | | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> | |

| | | |
|---|---|--|
| 13a. FATHER'S NAME <i>John Bolling</i> | 13b. MOTHER'S MAIDEN NAME <i>Unknown</i> | 14. NAME OF HUSBAND OR WIFE <i>Max Wild</i> |
|---|---|--|

| | | | |
|--|---|--|-------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give branch and dates of service) <i>None</i> | 16. SOCIAL SECURITY NO. <i>491-14-6179</i> | 17. INFORMANT'S SIGNATURE OR NAME <i>Theodore Ashworth, 2019 E. Grand Bl.</i> | ADDRESS <i>2019 E. Grand Bl.</i> |
|--|---|--|-------------------------------------|

| | | | |
|--|--|--|----------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Thrombosis</i> | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

| | | |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|---|

| | | |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
|--|--|---|

| | | |
|--|--|---|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <i>332X</i> |
|--|--|---|

22. I hereby certify that I attended the deceased from *April 3, 1950*, to *May 21, 1950*, that I last saw the deceased alive on *5/21/50*, 19___, and that death occurred at *2:12* m., from the causes and on the date stated above.

| | | | |
|---|-------------------|-----------------------------------|------------------------------------|
| 23a. SIGNATURE <i>E. Faurem M.D.</i> | (Degree or title) | 23b. ADDRESS <i>City Hosp.</i> | 23c. DATE SIGNED <i>5/21/50</i> |
|---|-------------------|-----------------------------------|------------------------------------|

| | | | |
|--|-----------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | 24b. DATE <i>5/31/50</i> | 24c. NAME OF CEMETERY OR CREMATORY <i>Hiram Cemetery</i> | 24d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Missouri</i> |
|--|-----------------------------|---|---|

| | | | |
|--|--|---|-------------------------------------|
| DATE REC'D BY LOCAL REG. <i>MAY 29 1950</i> | REGISTRAR'S SIGNATURE <i>J. B. Sauter</i> | 25. FUNERAL DIRECTOR'S SIGNATURE <i>PROVOST UND. CO.</i> | ADDRESS <i>3710 N. Grand Bl.</i> |
|--|--|---|-------------------------------------|

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

92

Qu...

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Albert Mayfield

Signed.....

Student Embalmer

Licensed Embalmer No. 3077

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.